

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
704960

FILING DATE
8-1-91

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6		/					56					
7		/					57					
8		/					58					
9		/					59					
10		/					60					
11	/						61					
12		/					62					
13		/					63					
14		/					64					
15		/					65					
16		/					66					
17		/					67					
18		/					68					
19		/					69					
20		/					70					
21	/						71					
22		/					72					
23	/						73					
24		/					74					
25		/					75					
26		/					76					
27		/					77					
28		/					78					
29		/					79					
30	/						80					
31	/						81					
32	/						82					
33	/						83					
34	/						84					
35	/						85					
36		/					86					
37		/					87					
38		/					88					
39		/					89					
40		/					90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	10						TOTAL IND.					
TOTAL DEP.	33						TOTAL DEP.					
TOTAL CLAIMS	40						TOTAL CLAIMS					